

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 18 December 2017

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COMMUNITY CAPACITY BUILDING - TRANSFORMATION PROPOSAL

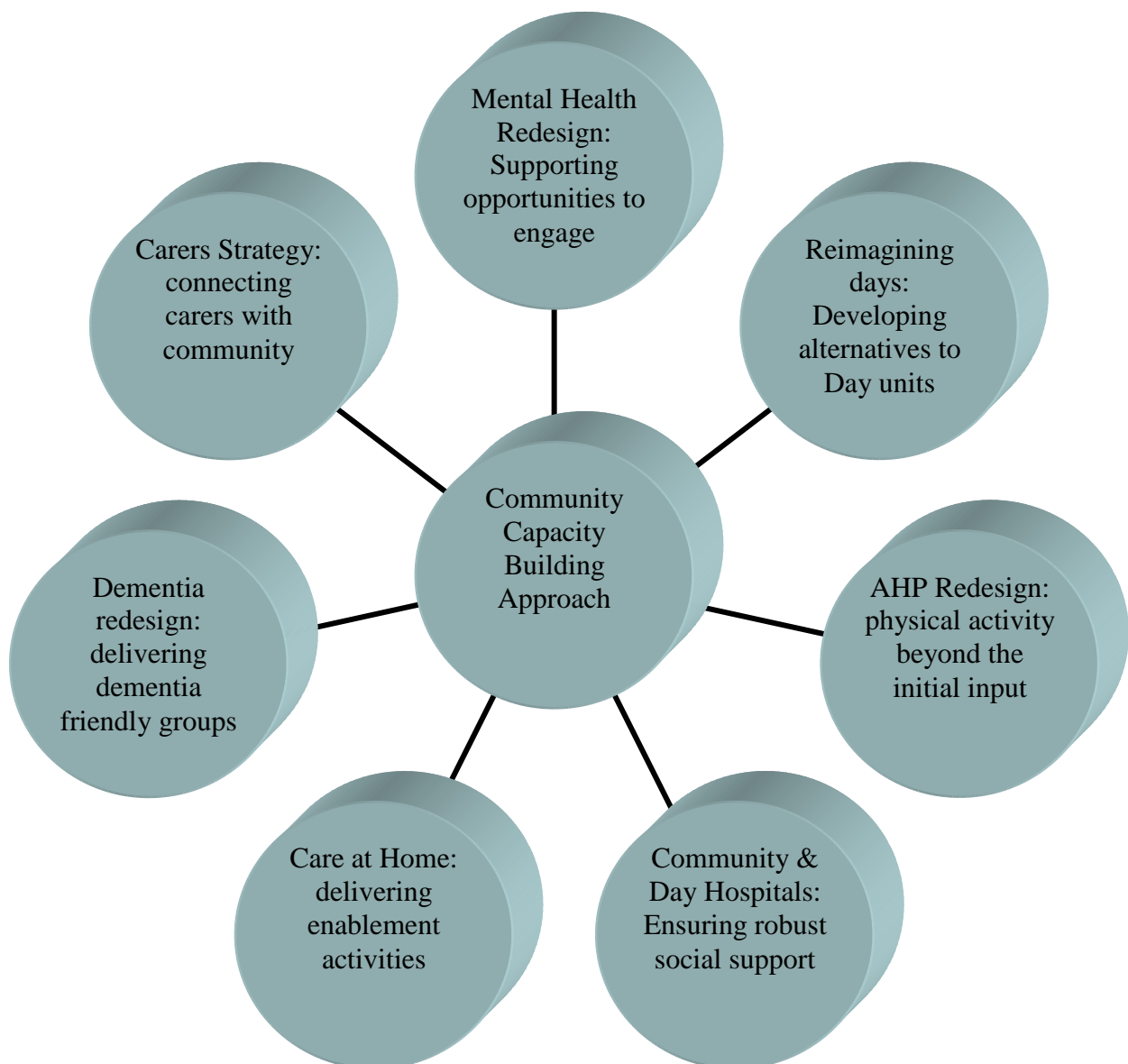
Purpose of Report:	<p>To outline the positive impact of the Community Capacity Building approach.</p> <p>To outline the contribution to the transformation and efficiency programmes.</p> <p>To seek approval and resources to deliver phase three of the development.</p>
Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <p>a) Approve the drawdown of resources to continue with the Community Capacity Building approach for two years to enable the delivery of the transformation and the current health and social care strategic plan.</p>
Personnel:	Not continuing onto phase three would put existing community capacity workers at risk
Carers:	The report has been reviewed by the Chief Social Work Officer, Borders Council's Financial Officer. Building community capacity was an objective that was consulted on during the development of the health and social care strategy
Equalities:	There are no equalities impacts arising from the report.
Financial:	The report has been reviewed by the Chief Social Work Officer, Borders Council's Financial Officer. Building community capacity was an objective that was consulted on during the development of the health and social care strategy
Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.

Risk Implications:	To be reviewed in line with agreed risk management strategy. Inability to deliver enhanced capacity within the community will undermine the delivery of key strategic objectives
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Background

- 1.1 The Community Capacity building approach has been used to good effect since its initiation in 2013, the first phase of the programme was to evidence that capacity could be developed and activities become self-sustaining by using a capacity building approach. This was established and approval was given to initiate the second phase and expand across all localities in 2016.
- 1.2 The second phase has been evaluated and the community capacity approach has led to more sustainable outcomes within communities. For older people engaged in the physical and social activities set up means they are less likely to require health and social care supports now and into future.
- 1.3 A social return on investment has been carried out and has established a return of £10 for every £1 invested; this reflects the effectiveness of the staff team and the relatively high costs of older people's physical and mental ill health. Over 500 older people and 100 volunteers are actively involved in activities initiated by the Community Capacity Building team in 16/17. This grows monthly as the team initiates, support and create self-sufficient groups led by the community.
- 1.4 Community Capacity Building is a mechanism for early intervention, reducing health inequalities, supporting carers and supporting independent living. The team has and will continue to improve health and wellbeing through preventive and supportive community based care, this will enable the delivery of the strategic intention to move the balance of care into the community.
- 1.5 The Community Capacity Building Team have been recognised and cited as an example of good practice it is an enabler for the strategic transformations programme and is core to objective one in the Health and Social Care Strategic Plan. *"We will make services more accessible and develop our communities. Strong communities are a real asset of the Borders. Community Capacity building makes a big improvement to the health and independence of people. "It is this enabling function that will form the focus of phase three of the project.*
- 1.6 As public resources are tightened, those whose needs are significant but not high enough to meet eligibility criteria are at risk of being neglected, but if they receive no interventions then the risk is that as they age, their health conditions become worse than they might otherwise have been. Engagement with BCCBP activities can lengthen the time before older people need health interventions and better manage demand.
- 1.7 Recent research into risk factors for dementia highlights that some of the preventative activities are those the Community Capacity Building Team has specialised in: better physical activity levels, more mental stimulation and lifelong learning, reduced social isolation and less depression. It may be that more could be done by Community Capacity Building Team working specifically with people and carers with lived experience of dementia.

- 1.8 The Community Capacity Building team have an extant exit strategy outlined in previous funding requests (ICF & Change Fund). The exit Strategy was founded on the aspiration and realisation of groups becoming self-sufficient; this has been achieved. However it should be noted that this can take some time and can be frail to begin with. Many groups will maintain themselves beyond the lifespan of the project with proper attention to succession planning they may last for some time.
- 1.9 Phase three places the Community Capacity Building approach central to the transformation agenda. All projects will rely on the creation and maintenance of robust communities. The Community Capacity Building approach will deliver this robustness. The Community Capacity Building approach has already supported the recommissioning of day units into the community; delivering specific activities to support transformation will enable other projects to deliver their strategic goals and efficiencies. The graphic below illustrates the central role for the Community Building Approach and Annex 1 describes in more detail the developments that will be supported.



Summary

- 2.1 Community Capacity Building has evidenced its positive contribution to the Health and Social Care agenda by delivering higher levels of engagement and activity for older people. This has in turn delivered a high level of social return as a result of a fitter more engaged elderly population who will avoid or delay the need for more costly alternatives
- 2.2 The most recent evaluation identified that there is a role for the community capacity building team in supporting service reform and is best thought of as a preventative resource for older people that can also be linked in to the focus of reconfigured services.
- 2.3 Phase three of the project development will enable and deliver clear and concrete transformation towards a community based approach. Specific projects can specify specific needs however it is believed that the generic approach around engagement, inclusion and support will deliver an advantage to all projects.
- 2.4 The Community Capacity Building team have already delivered transformation within the Reimagining daytime support project. The team effectively facilitated the decommissioning of the Ability Centre and creation of community based alternatives for clients to move into. Reimagining day time project transformation is scheduled to run for 18 months to two years. The role of the Community Capacity Building team in this project has been identified as critical to the delivery of the project and its efficiencies.
- 2.5 The Community Capacity Building team has a revenue cost of 163k, the current funding stream (ICF) finishes at the end of the financial year. The team consists of one coordinator (Grade 8) and four community capacity builders (Grade 6). The team cover all 5 localities. There are no accommodation costs as they make use of hot desking space. The table breaks down the funding requested:

Role	Grade	Annual cost	On cost	Mileage	Total
Community Capacity Team Coordinator (1)	8a	£28,329	£9,009	£2,466	£39,804
Community Capacity Builder(4)	6a	£84,484	£26,864	£11,508	£122,856
Total		£112,813	£35,873	£13,974	£162,660

Annex 1

Project	CCB contribution	Examples
Community & Day Hospitals: To implement best practice service models in Community Hospitals to improve patient pathway and make best use of resources.	By releasing capacity in other day time units (dementia day units and day centres) people not absolutely required to be in DH and struggling to move on can be accommodated Offering complementary activities to support people to access s both condition specific support groups and preventative activities,	Strength and balance Positive health activities Social opportunities
Care at Home: Targeted and appropriate Enablement within a homecare setting to deliver improved outcomes for individuals and contribute to reductions in the average hours of long-term care required. Links with Technology Enabled Care (TEC) to enhance or replace direct contact time by carers	Creating opportunities and viable alternatives to support for meals preparation Delivering complementary activities that support enablement agenda	Food train soup and sandwich clubs, alternative meals services food foundation Chair based activity strength and balance classes gentle exercise classes
Allied Health Professionals: To reshape AHP services in order to support the emerging community services “Out of Hospital Care” model	Offer complimentary activities that support the AHP role, i.e. enablement & healthy living Deliver a follow up to specific programmes of work into healthier active lifestyle and connecting people to ongoing opportunities	Chair based activity Strength and balance classes Gentle exercise classes Walking football , netball
Dementia Redesign: To deliver improved outcomes for clients who suffer from dementia.	Creating environments that are inclusive that offer safe and supportive environments. Working with business to support them to engage and understand different needs,	Dementia café Food Buddies Various social opportunities Men’s Sheds
Mental Health Redesign: To redesign services in line with Mental Health (MH) Needs Assessment Recommendations, MH Strategy and to achieve identified Financial Savings	Providing opportunities to engage and contribute to communities, both as a volunteer and participant. Building partnerships with healthier activities and a creative environments that accept and support all	Writing for well being Men’s Sheds Soup and sandwich Flourishing Borders Well-being week
Re-Imagining Day Services: To identify and deliver a more effective and efficient service options for day time support	Offering alternatives to day units and supporting people to make community connections	Vets breakfast clubs Walking football Walking netball soup and sandwich club New age curling

<p>Carers Strategy: To work co-productively, through the Health and Social Care Partnership and children and young people's services, with carer representative organisations and with carers, to implement the legislation effectively.</p>	<p>Connecting carers with activities and pursuits that support their social and emotional needs</p> <p>To deliver activities that are specifically created with the carers in mind offering peer support and conversation</p>	<p>Positive health activities Social opportunities Food and Friendship meals delivery service.</p>
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